U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

1 / 2004 Through: 12 / 31 / 2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name DEMEA

1. File Number U- 8106

3. Name and address of person filing.

TYLER

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Name IRONWORKERS AFL-CIO LU #272

	Labor Organization File Number 010-100
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6301 S.W. 20TH STREET	Street 1201 N.E. 7TH AVENUE
City MIRAMAR	City FT. LAUDERDALE
State Florida ZIP Code + 4 33023	State Florida ZIP Code + 4 33304
5. Position in labor organization. BUSINESS MANAGER	
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name NONE	NONE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.6. Amount
City	;·····································
State ZIP Code + 4	
Cian	
Signal Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second signal	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the stion on penalties in the instructions.) On \$\int 12.05 \text{QN-524-} \text{8731}
	Date Telephone Number
Form LM-30 (2003)	Page 1 of

Name of Person Filing DEWEY TYLER	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name RC HOME SHOWCASE INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2600 N.W. 75TH AVENUE STE. 201 City MIAMI State Florida ZIP Code +4 33122	9. Business deals with: a. Labor Organization b. Trust C. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. THE EMPLOYER IS A RELATED ENTITY TO AN EMPLOYER WHICH EMPLOYS EMPLOYEES REPRESENTED BY THE UNION			
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. PURCHASE OF HIGH IMPACT WINDOWS AT WHOLESALE PRICE. THE EMPLOYER GENERALLY DOES NOT SELL WINDOWS. WINDOW PURCHASES ARE USED AS PART OF THE EMPLOYER OPERATION.			
!	12.b. Amount. \$3,500			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of payment. NONE			
Street				

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

State

\$0

Name	of	Person	Filina	DEWEY	TVI.	DD.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name IRONWORKERS LOCAL #272 PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 200 EAST LANDSTREET ROAD City ORLANDO State District of Columbia ZiP Code +4 32812 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code +4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ATTEMBED ANNUAL COMPERENCE MHICH THE PENSION FUND PAID REGISTRATION FEE, LODGING AND MEALS.					
Trade Name, if any: P.O. Box, Bldg., Reom No., if any Street 200 EAST LANDSTREET ROAD City ORLANDO State District of Columbia ZiP Code +4 32812 10. if 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code +4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ATTENDED ANNUAL CONFERENCE WHICH THE PENSION FUND PAID REGISTRATION FEE, LODGING AND MEALS.	8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Street 200 EAST LANDSTREET ROAD City ORLANDO State District of Columbia ZIP Code + 4 32812 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 11.a. Nature of such dealing. THE PENSION FUND PROVIDES RETIREMENT BENEFITS TO MEMBERS OF IRONWORKERS LOCAL UNION #272 Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ATTENDED ANNUAL CONFERENCE WHICH THE PENSION FUND PAID REGISTRATION FEE, LODGING AND MEALS.	***************************************	a. Labor Organization			
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State District of Columbia ZIP Code +4 32812 10. If 9.b. or 9.c. is checked give trust or employer's name. Name THE PENSION FUND PROVIDES RETIREMENT BENEFITS TO MEMBERS OF IRONWORKERS LOCAL UNION #272 Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ATTENDED ANNUAL CONFERENCE WHICH THE PENSION FUND PAID REGISTRATION FEE, LODGING AND MEALS.	Street 200 EAST LANDSTREET ROAD	c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name THE PENSION FUND PROVIDES RETIREMENT BENEFITS TO MEMBERS OF IRONWORKERS LOCAL UNION #272 Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ATTENDED ANNUAL CONFERENCE WHICH THE PENSION FUND PAID REGISTRATION FEE, LODGING AND MEALS.	City ORLANDO				
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PAID REGISTRATION FEE, LODGING AND MEALS.		12.a, Nature of interest held or income received.			
12.b. Amount. 53. 5		ATTENDED ANNUAL CONFERENCE WHICH THE PENSION FUND PAID REGISTRATION FEE, LODGING AND MEALS.			
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